

**REPLACEMENT OF STAMPED DATA FORM**  
in accordance with provisions of the *National Board Inspection Code*

Submitted to

\_\_\_\_\_  
(name of jurisdiction)  
  
\_\_\_\_\_  
(address)  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
(telephone no.)

Submitted by

\_\_\_\_\_  
(name of owner.)  
  
\_\_\_\_\_  
(address)  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
(telephone no.)

1. Manufactured by \_\_\_\_\_  
(name and address)
2. Manufactured for \_\_\_\_\_  
(name and address)
3. Location of installation \_\_\_\_\_  
(address)
4. Date installed \_\_\_\_\_
5. Previously installed at \_\_\_\_\_
6. Manufacturer's Data Report attached    ☐ No    ☐ Yes
7. Item registered with National Board    ☐ No    ☐ Yes, NB Number \_\_\_\_\_
8. Item identification \_\_\_\_\_  
Type \_\_\_\_\_  
Mfg. serial no. \_\_\_\_\_  
MAWP \_\_\_\_\_ psi    Safety relief valve set at \_\_\_\_\_ psi  
Year built \_\_\_\_\_  
Dimensions \_\_\_\_\_  
Jurisdiction no. \_\_\_\_\_
9. Complete the reverse side of this report with a true facsimile of the legible portion of the nameplate.
10. If nameplate is lost or illegible, documentation shall be attached identifying the object to the Manufacturer's Data report referenced on this form.

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| <p>11. I request authorization to replace the stamped data and/or nameplate on the above described pressure-retaining item in accordance with the rules of the <i>National Board Inspection Code</i> (NBIC), Part RB-1030.</p> <p>Owner's name _____</p> <p>Signature _____ Date _____</p> <p>Title _____</p> |
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| <p>12. Authorization is granted to replace the stamped data or to replace the nameplate of the above described pressure-retaining item.</p> <p>Signature _____ Date _____<br/>(chief inspector or authorized representative)</p> <p>Jurisdiction _____</p> |
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The following is a true facsimile of the legible portion of the item's nameplate. (Please print. Where possible, also attach a rubbing of the nameplate.)

I certify that to the best of my knowledge and belief, the statements in this report are correct, and that the replacement information, data, and identification numbers are correct and in accordance with provisions of the *National Board Inspection Code*, Part RB-1030. Attached is a facsimile or rubbing of the stamping or nameplate.

Name of Original Manufacturer \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_  
(authorized representative)

Certificate of Authorization No. \_\_\_\_\_ Expires \_\_\_\_\_

Witnessed by \_\_\_\_\_ Employer \_\_\_\_\_  
(name of inspector)

Signature \_\_\_\_\_ Date \_\_\_\_\_ Commissions \_\_\_\_\_  
(inspector)